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EXHIBIT A-2

Statement of Work Template

Original Amended

STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Human Services AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

3/10/2021

Mississippi Department of Human Services 200 South Lamar Street Jackson, MS 39202

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number: 79009

• IT Contingent Worker Name: Guy Sylvester

Vendor Name: Cambria Solutions, Inc.
 Position Title: Program Manager

Regular Hourly Bill Rate: 185.00
 OT Hourly Bill Rate (if applicable): 185.00
 Original Number of Hours to be worked: 4600 hours

Amendment 1: Number of hours to be worked: N/A
 Amendment 2: Number of hours to be worked: N/A
 Amendment 3: Number of hours to be worked: N/A

• Original Total Cost of SOW: (Not to exceed) \$851,000.00

Amendment 1: Total Cost of SOW: (Not to exceed)
 Amendment 2: Total Cost of SOW: (Not to exceed)
 Amendment 3: Total Cost of SOW: (Not to exceed)
 N/A
 Start Date of Service:

Start Date of Service: 3/22/2021
 Original End Date of Service: 3/22/2023

Amendment 1: End Date of Service: N/A
 Amendment 2: End Date of Service: N/A
 Amendment 3: End Date of Service: N/A

• Work Location: 200 South Lamar Street

Jackson, MS 39202

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Human Services	GuideSoft Inc., d/b/a Knowledge Services
Nathan Wilson	Hailey Petty
Authorized รัเธิฟิสนิเล	Authorized Signature
Nathan Wilson	Hailey Petty
Printed Name	Printed Name
Deputy Executive Director for Administratio	ⁿ Program Manager
Title	Title
3/11/2021	3/10/2021
Date	Date